DISSERTATION

FOR THE AWARD OF DEGREE

MASTER OF SCIENCE

SESSION 2022-2024

A STUDY OF NEEDS AND PSYCHOLOGICAL WELLBEING AMONG PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITY

BY

NAZREEN

DEPARTMENT OF CLINICAL PSYCHOLOGY

SANTOSH DEEMED TO BE UNIVERSITY

NO. 1, SANTOSH NAGAR, GHAZIABAD-201009,

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ACKNOWLEDGEMENT

First and foremost, I am grateful to ALLAH (SWT) for establishing me and giving me strength and courage to complete my thesis. I dedicate my work to my sister in law Dr. Shahana Parveen who supported and motivated me in every step of my work.

I would like to offer my heartfelt appreciation to my Guide Dr. Rani Srivastava, Professor & Head of the Department, Department of Clinical Psychology for her advice, assistance and expertise throughout the completion of this thesis. Her support and guidance have greatly influenced the direction and quality of this work.

I am also grateful to my co-guide Dr. Alka Agrawal, Dean of Santosh Medical College and Hospitals for her excellent contributions, constructive criticism and assistance during this research. Her knowledge and contributions have substantially increased the depth and scope of this thesis.

I would like to give special thanks to my mother Mrs. Sanjeeda Saifi & my father Mr. Nizamuddin Saifi and My elder brother Dr. Rashid Saifi who appreciated and supported me throughout my study. I would also like to give my sincere gratitude to my friend, Ms. Kumud Joshi as this work would be incomplete without her selfless help, support and guidance throughout my thesis.

I am grateful to Dr. Parul Gairola and Dr. Niharika Arora for their guidance, advice, assistance and expertise throughout the completion of this thesis. Their constant support and guidance have greatly influenced the direction and quality of this work.

I am also grateful to Ms. Anita Tyagi and Miss Neha Kushwaha for their assistance and for helping me whenever i needed them and for providing me with all the resources I require.

Finally, I want to express my heartfelt gratitude to my friends for their ongoing encouragement, understanding and support without them my thesis would not have been possible.

I am also deeply thankful to all the participants who came forward to extend their unconditional support and time.

NAZREEN

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LIST OF ABBREVIATION

S. NO	ABBREVIATION	FULL WORDS
1.	AAIDD	American association of intellectual and developmental disability
2.	ADD	Attention deficit hyperactivity disorder
3.	ADHD NIMH	Attention deficit hyperactivity disorder national institute for the mentally handicaped
4.	AACAP	American academy of child & adolescent psychiatry
5.	AI	Average intelligence
6.	DASS	Depression anxiety stress scale
7.	ID	Intellectual disability
8.	IQ	Intelligence quotient
9.	NSSQ	Norbeck social support questionnaire
10.	NIRM	National institute of rehabilitation medicine
11.	PSI	Parental stress index
12.	PKU	Phenylketonuria
13	QOL	Quality of life
14.	RPWD AC	Rights of persons with disabilities act

15.	SLD	Specific learning disabilities
16.	SRQ	Self-reporting questionnaire
17.	SMD	Standardized mean difference
18.	WHO	World health organization

INTRODUCTION

Introduction:

Parenting is a special duty shared by both parents, who must prepare their children to seek out social adaptation. Children look up to their parents as their primary role models. Children constantly watch and follow their parents' words, attitudes, traits, deeds, manners, and behavior. Based on their ego strength and parental value system, they develop their own personality traits and strengths and acquire coping mechanisms for difficult situations. Children learn from their parents how to be good workers, spouses, parents, and overall decent people when they are young[1].This is highly challenging task. Parenting of children with normal psychological profile the concern parents utilize number of strategies for their overall development but by chance if a child is intellectually disabled, then they face multiple hurdles in their parenting. Parenting a child with intellectual disability has been observed as a burden (personal /financial/social)on parents which every concerned parent has to bear it for life long and such parents always visit the mental health professional with multiple queries & disturbances in terms of their needs & wellbeing, for example , is their child really suffering?, if he is intellectually disabled, they need to be apprised for following scarcities or requirements:

1. What is intellectual disability or mental sub-normality with reference to sign and symptoms?
2. What are the assessment opportunities and diagnostic profiles?
3. What are the management opportunities and available resources?
4. What is the access for special education and remedial teaching and various other interventions methods?

5. How to apply for educational upliftment of such children even what are the safety measure, certification opportunities, which are needed by concerned parents in order to develop their child's future.

6. What is the role of Government in terms of educational, social & financial support for such children?

To answer above question's for the sake of Parent's need the answer's for such questions are mentioned here:

Mental subnormality or intellectual disability reflectsdeficiency in overall works of life.Example – such children lack behind in general functioning, in studies and adjustment as a whole itmaybe called as intellectually disabled children lack behind in overall manner and are hardly able to fulfill the general demands of life and sign and symptoms intellectual disability is a behavioral syndrome and such children usually pass through late development of milestones, late entry into the school and due to arrested mental capacity they have poor study achievements.Many a times mental sub normality is found to be associated with inappropriate behavioral characteristics like Attention deficit disorder (ADD), Attention deficit hyperactivity disorder (ADHD) associated with multiple stereotyped behavior,social adaptation, some time multiple physical disturbances also associated with like Down syndrome and Phenylketonuria (PKU).

As far as assessment opportunities is the area of intellectual disability are concern their psychological assessment by trained and registered clinical psychologist is mandatory after assessment the intelligence quotient (IQ) is calculated by administering standardize psychological test. This IQ score decides the level of intellectual competence, Educationalcompetence and Social competence.

As far as the management opportunities and resources are concern after the calculation of the score they are advise to go for special education with special schooling, occupational therapy, physiotherapy, speech therapy, Where the assigned category are educable group.(Mild mental sub normality), Trainable group (Moderate mental sub normality) and Custodial group (Severe and Profound mental sub normality).

As far as accessible intervention techniques are there, these are behavioural modification, behavioural therapy, Cognitive behavioural therapy, Cognitive behavioral techniques all these intervention procedure are done for such children under regular supervision. Apert from various rehabilitation techniques are also available for such individuals, there are number of occupation have decided by government for Example; Light Engineering, Carpentry, Book Binding , Stapling, Bakery, primary stitching and tailoring &envelope making are there .

As far as Certification is concerned the it is done by the registered clinical psychologists who are in government panel.

If we trace back the history of human rights it is noticed that it was UNO who took initiative for the rights of the person with disabilities, (Equal Opportunities, Protection of Rights and Full Participation, Act, 1995) & as a result it came into the existence as the Rights of Persons with Disabilities Act, 2016 (RPwD Act 2016) & came into force in December 2016, by replacement of the Persons with Disabilities Act. It places a strong emphasis on putting values like respect for people's intrinsic dignity, individual autonomy—which includes the ability to make one's own decisions—and independence into practice. The act emphasizes nondiscrimination, full and adequate participation and inclusion in society, equality of opportunity, accessibility, equality between men and women, respect for the developing capacities of children with disabilities, and respect for the right of children with disabilities to

maintain their identities. It also emphasizes the importance of accepting differences and accepting disabilities as a part of human diversity and humanity.

Another contributory effort is by Rehabilitation Council of India (RCI) Act, 1992

• In 1986, RCI was established as a registered society. It was quickly discovered, therefore, that a society could not guarantee appropriate standardization and other Organizations' adoption of the norms. Act from 1992. On June 22, 1993, the Parliament passed legislation creating the Rehabilitation Council of India as a Statutory Body.

• In 2000, the Parliament revised the RCI Act to make it more comprehensive.

• The Act gives the Council authority over norms. It further stipulates that anyone providing services to disabled individuals without meeting RCI's qualifying requirements may face legal action.

Standardized and regulating the training of experts and staff in the fields of rehabilitation and special education are the dual responsibilities of the Council[2].

National Trust Act, 1999

A national body for the welfare of people with autism, cerebral palsy, mental retardation, and multiple disabilities, as well as for matters related to or incidental to them, is to be established under the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999 No 44 of 1999 (30th December 1999).

The country's policy on people with disabilities:

• The National Policy acknowledges that Persons with Disabilities as a significant human resource for the country and wants to establish an environment that country and seeks to create

an environment that affords them equal opportunity protection of their rights and full participation in society. • The policy's main objectives are (a) disability prevention and (b) rehabilitation measures.

The National Policy's key components are:

Physical rehabilitation, which entails early identification and treatment, medical interventions, counseling, and the provision of appliances and equipment.

Vocational training and education rehabilitation

Economic rehabilitation to lead a respectable life in the community[3]

All the above efforts prevail & apply the fundamental rights of Indian constitution. Ultimately as a whole some where else we all the professional have take care of this innocent population & support their parents.

Recent studies have pointed out number of needs and wellbeing of concerned parents.

According to study conducted in 2022 multiple numbers of needs of parents were identified for instance, cognitive needs, material needs, and emotional needs and many more, among the parents of intellectual disability.

1. Cognitive needs- Non adaptive behavioral problems that appears on the mentally disable are the measure concern for the family and these problems constitute negative attitudes towards the mentally disable by others in the society
2. Material needs- studies shows that 65% of parents of intellectual disability children exhibited material need in a high degree. This is due to the high costs of caring for

intellectual disable .which takes bulk of income of these families, which means that it has a negative impact on meeting all the needs of the rest of the family.

3 Social needs – findings demonstrated that the 75.6% of parents of intellectually disabled children.It means the lake of programes available in the community that provide an opportunity for social interaction with the mentally disable with their ordinary peers. The feeling of parents that their children clearly lack social skills, which motivates them to search for such programs.

3. Emotional needs- 52.8 % of parents of intellectual disable exhibited emotional needs in amoderate degree the results of this study are also in agreement with the studies include study of Llewellyn et al. (2007)[2], the result indicated that the parents of mentally handicapped children need collective emotional supports from other parents, and support from a relative of the mentally handicapped child's family[4].

According to another study (an exploratory study of parents'perceived educational needs for parenting a child with learning disabilities) conducted in 2013, the domains of parental needs of children with intellectual disability.

- Information needs for caregiving
- Health concerns for themselves and their children
- Psychological support in caregiving
- Perceived stigma attached to help seeking
- need for certification and financial assistance[5].

All these struggling circumstances affect their wellbeing .Affected well-being of such parents have studied by number of researches like;

One of the study conducted in (2011) found that parental stress has been identified as a major affecter of caregivers' psychological well being and a risk increaser for unwillingly placing children with disabilities in the care of others[6].

Another study conducted in (2011) and says that family stress is a major factor and affector of parents psychological wellbeing and this study has adopted further that such parents needs proper support services to address parent's depression stress, anxiety and social needs so that their mental wellbeing may be taken care off[7].

Another Study conducted in (2017)indicated that parents without proper social support face psychological wellbeing challenges and usually carry stress,anxiety ,depression and (parents)have more fear about their affected children's future[8].

According to the study (parents of intellectually disabled children ;A study of their needs and expectations) 2013 studied that needs of parents under 7 domains such as family,social and professional support , information and financial needs , child care , community services and explaining to others indicated that:

Need for information and financial support – most

Need of child care, community services and professional support- average

Family and social support and explaining to others very least.

Some of the families identified a variety of other desirable supports from the publicly funded care system, including financial support for equipment and travel, and contact with other parents who had experienced the process of intellectual disabilities of child because 75.5 % parents belongs to low socioeconomic status[9.]

According to another research (parents of intellectually disabled children ; A study of their psychological issues) 2018, parents with children having intellectual disability experience more stress compare to their counter parts, who have children with no intellectual disability[10]

Another study conducted in (2018) and findings suggested the significance level of disturbed wellbeing of every parents of intellectually challenged children[11].

One of the study conducted in (2021) and have reported parental well being was affected due to upbringing the child with intellectual disability but when their children were provided intervention Services for substantial period of time their well being was noticed better[12].

The present investigation is highly challenging from investigator's perception and parent's need and wellbeing point of view, therefore it is a felt need that some of the concepts which are used in this study are needed to be explained operationally.

Needs : The parents of intellectually disable children carries multiple curiosities and a bundle of needs like what is intellectual disturbance, types of intellectual disturbances , psychological difficulties, educational need, social development need and need to know about available intervention services, vocational services and other rehabilitation aspects which have been covered in this study.

Psychological wellbeing: It is described as an assessment of one's own life. In essence, it is a condition in which a person recognizes their own potential, is able to manage everyday stressors, is able to work effectively, and is able to give back to their community[13].

Children with Intellectual Disability:

In this study intellectually disabled is referring the children who are afflicted of various intellectual discomforts for example; mental sub-normality/ mental retardation.Intellectual disability is not a distinct, separate disorder, rather it's a behavioural disorder. The most commonly used definition of intellectual disability at the moment is the tri-dimensional one provided by the American Association of Intellectual and Developmental Disability (AAIDD). When it comes to intellectual functioning (learning, thinking, and problem solving) and adaptive behavior, intellectual disability—which begins before the age of eighteen—is defined

by marked limits (AAIDD, 2007). Adaptive behavior is defined as "a range of everyday social and practical skills in communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work" (American Academy of Child & Adolescent Psychiatry, 1999). This classification divides intellectual disability into subcategories based on the type and extent of supports required. Furthermore, it highlights the necessity of thorough evaluation in all pertinent areas, such as psychological and emotional functioning (AACAP, 1999)[14].

Mental sub-normality means the children who are carrying sub-normal capacity of general functioning and as per their intellectual assessment they may be categorized according to their IQ level: i.e.mental retardation and its sub types

1. mild (IQ 50-69) ,
2. moderate (IQ 35-49),
3. severe (IQ 20-34)
4. profound (IQ below 20)

Scope of study

For a number of reasons analysis of needs and wellbeing of parents of children with intellectualdisability is very important. By comprehending the particular requirements of these parents, personalized support systems can be created. Every child with an intellectual handicap is distinctive, and each of their parents needs a different kind of help to ensure the overall development and it will also help the parents to procure their well-being.

Empowerment: By giving parents a say in the services and support networks created for their kids, need analysis empowers parents. They are able to communicate their issues, preferences, and priorities.

Resource Allocation: When public and private institutions have a thorough grasp of parents' needs, they may distribute resources more effectively. This guarantees that resources are allocated to the areas that most require them.

Mental health and Well-being: The mental and physical demands of raising a kid with an intellectual handicap can be overwhelming. A study of needs might reveal the kinds of wellness and mental health treatments that parents need.

Education and Training: In order to comprehend their child's condition and provide the best care possible, parents frequently need education and training. Finding the missing educational resources can be done through a need analysis.

Advocacy: Parents of kids with intellectual disabilities frequently act as their kids' representatives. In need to be successful advocates, it can be helpful to understand their requirements. Inorder to provide them with the information and resources they

Policy Development: At the public, regional, and government levels, policy development can be influenced by data from need analyses. It may result in the development of more encompassing and helpful policies for families of children with intellectual disabilities.

Basically, conducting a need analysis for parents of children with intellectual impairments is an important step in ensuring that these parents have the assistance, materials, and services need to give their children and themselves the best possible lives.

Intellectual disability is not a single, isolated disorder, rather it’s a behavioural disorder. The American Association of Intellectual and Developmental Disability (AAIDD) provide a tri-dimensional definition of intellectual disability, which is currently the most widely accepted. Intellectual disability, which originates before the age of 18, is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior (AAIDD, 2007). As defined by the American Academy of Child &

Adolescent Psychiatry (AACAP,1999), adaptive behavior covers a range of everyday social and practical skills in communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. This categorization sub-classifies intellectual disability according to the intensity and nature of needed supports. In addition, it emphasizes the need for detailed assessment in all relevant domains, including psychological and emotional functioning (AACAP,1999)[14]

By going through all these facts it is certain that this investigation will come over with substantial output which will help the concerned parents, professionals and the afflicted children/ offsprings.

REVIEW OF

LITERATURE

The delicacy of any investigation starts with review of literature, this is the only exercise which have a capacity to validate the findings of any investigation by comparing from the past studies. Here it is effort to go through multiple number of studies, which can confirm the result/findings of such study.

Kroese, Hussein, Clifford and Ahmed (2002) "Social Support Networks and Psychological Well-being of Mothers with Intellectual Disabilities". The purpose of the study is to look into how mothers with intellectual impairments (N1⁄4415) perceive parenting and how their social support networks affect their psychological health.Mothers were questioned in a semi-structured interview about who had assisted them with parenting, as well as how recent and beneficial this support had been. Affect, assertiveness, and self-esteem were assessed using modified psychological questionnaires. The advantages, difficulties, and expectations for the future of motherhood were also questioned of mothers.Both quantitative and qualitative methodologies were used in data analysis. The quantity of reported social connections and good affect, the recentness of reported social contacts and self-esteem, and the absence of self-esteem and reported parenting responsibilities were all found to be significantly correlated.Just half of the 6.8 social interactions that were reported as ordinary were deemed to be really useful. There weren't many non-family members in the support groups[15].

Kim, Greenberg, & Krauss (2003) investigated changes over time in how mothers cope with the challenges of caring for an adult child with disabilities and the effects of changes in coping on maternal well-being. A mother's lifetime of parenting obligations and struggles awaits her children with an intellectual impairment (ID) or mental illness. A sample of 246 elderly moms of ID individuals and 74 mothers of mental illness adults was taken from two concurrent longitudinal studies on caregiving in later life. The degree to which mothers' use of problem- and emotion-focused coping techniques evolved over time varied significantly at the individual

level. Both groups' levels of well-being decreased when they utilized emotion-focused coping more frequently. Parents of adults child with ID reported feeling less distressed and having better relationships with their adult children when they utilized problem-focused coping techniques more frequently[16].

White & Hastings (2004) **"**Social and Professional Support for Parents of Adolescents with Severe Intellectual Disabilities". Thirty-three parents of adolescents with moderate-to-profound intellectual disabilities completed questionnaires about their children's characteristics (adaptive and problem behaviors), social support (from both formal and informal sources), and parental well-being (stress, anxiety, and depression, and satisfaction with caregiving).Analyses of correlations revealed a relationship between the child's adaptive and problem behaviors and their diagnosis of autism and their parents' well-being. The strongest correlation between parents' assessments of the value of informal support networks (spouses, extended families, friends, etc.) and their overall well-being persisted even after adjusting for child characteristics. There was some indication that a parent's access to services and professional support was related to their child's requirements, but this was not linked to parental well-being[17].

Verma, Rajesh K.; Kishore & M. Thomas (2009)"Needs of Indian parents having children with intellectual disability". The main objective of the research were to assess the perceived needs of mothers and dads of children with intellectual disabilities and to determine the total needs of both groups in relation to the child's age, gender, and level of functional disability. Using the NIMH Family Needs Schedule, thirty couples who each had a child with an intellectual handicap were evaluated. Fathers' and mothers' needs were very different from one another. Depending on the child's age and gender, the parents' needs changed. The type of parental requirements was less affected by the severity of intellectual disability. Fathers and

moms may have distinct needs. Parents' needs greatly differ based on the child's sex, but not on the child's level of intellectual disability[18].

Cramm & Nieboer (2011) “Psychological well-being of caregivers of children with intellectual disabilities: Using parental stress as a mediating factor”. This study uses parental stress as a mediating factor to determine the conditions under which psychological well-being and parental stress are influenced. It also intends to describe caregivers of children with intellectual disabilities who are about to seek outside support and care. The study discovered that psychological well-being was significantly impacted by both parental stress and the child's depressed symptoms.Additionally, limiting caregiver social activities were found to be indirectly related to parental stress[4].

Darbyshire & Kroese (2012)“Psychological Well-Being and Social Support for Parents with Intellectual Disabilities: Risk Factors and Interventions”. Children who have intellectual impairments (ID) are more likely to experience social isolation and to have low psychological health. We conducted a thorough check of electronic databases. The integrity and results of the eight studies that satisfied the inclusion criteria are examined after they underwent scrutiny. There is a correlation between psychological well-being and social support, and parents with ID report lower psychological well-being than parents in the general parenting community. There was evidence in two of the intervention studies that bettering social support led to an improvement in psychological well-being. The findings of a positive association between contentment with social support and positive mother emotions, the authors said, further substantiated the relationship between social support and parenting skill.Most of the studies agreed with Sterling's model; still, several suggestions for additional research are made in order to properly examine the connection between social support and psychological well-being[19].

Sahay et al., (2013)[7] researched on "Parents of Intellectually Disabled Children: A Study of Their Needs and Expectations". In total, 45 parents of children receiving treatment at the National Institute for the Mentally Handicapped, Regional Center New Delhi, had their children with intellectual disabilities tested in this study. The results indicated that parents expressed a great need for knowledge about the services that are currently and in the future available in the community and society (88.7%). This demand was followed by basic expenses (82.7%), treatment and teaching methodologies (80%), and day care services (77.8%). Parents' predicted requirements in response to professional pressures were lower than expected (Minister, 4.4%) [7].

Chien & Lee (2013)[3]researched on **"**An Exploratory Study of Parents' Perceived Educational Needs for Parenting a Child with Learning Disabilities". Chinese couples' perceived educational demands for raising a child with specific learning disabilities (SLD) were investigated in this exploratory, qualitative study. The study employed a purposive sample of twenty-five couples from a regional child mental health center in Hong Kong who were providing at-home care for a kid with SLD. Between April and June 2011, audio-taped, semi-structured interviews were used to gather data from individual couples. An hour or so was allotted for each interview. As recommended by Graneheim and Lundman (2004), we used qualitative content analysis to examine the interview data. The knowledge needs for caring, a range of health issues for both the parent and the kid, insufficient psychological support, and the perception of stigma associated with requesting help were the four categories of parents' perceived educational needs that were determined based on the results. These findings highlight the difficulties and knowledge that mental health providers must have in order to effectively serve these families and their learning-disabled children with culturally-appropriate medical care, education, and psychosocial support[3.]

Sekar & Gopalakrishnan (2015)“Psychological and emotional state of parents having intellectually and developmentally disabled children”. The objective of this study is to understand the mental and emotional health of parents of children who have intellectual and developmental disabilities (IDD) and to demonstrate how parents generally perceive this condition in their kids.End Results: Of all the IDDs, only Down syndrome is detectable from birth. Fears are exacerbated for parents whose daughter has mental illness. Owing to these concerns, several parents have disclosed that they have considered having their daughter's reproductive organs removed and have covered up their identity in public[20].

Gull M, Nizami N (2015) **“**Comparative Study of Hope and Psychological Well-being among the Parents of Physically and Intellectually Disabled Children”. This study set out to investigate the disparities in psychological health and hope amongst parents of children with physical and intellectual disabilities. It also investigated if hope and psychological health were significantly correlated. 200 parents with differently abled children between the ages of 35 and 45 made up the sample (100 parents with physically challenged children and 100 parents with intellectually disabled children). A straightforward random sample method was used to gather the data. Measures of psychological well-being and hope were utilized to evaluate the respondents' individual states of mind. The findings showed that there was a statistically significant difference in psychological well-being and hope between parents of physically challenged children and parents of intellectually disabled children. Additionally, among parents of children with disabilities, the results show a substantial, positive, and statistically significant association between psychological well-being and hope[21].

Shukla (2017)researched on “A Study of Life Satisfaction of Parents of Mentally Challenged and Normal Children”. The purpose of this research is a study of life satisfaction of parents of mentally challenged and normal children. A total of 40 parents—20 of whom were of mentally challenged children and 20 of whom were of normal children—were used as the sample in this

study. The sample was chosen using the purposive and incidental sampling strategies. The instrument was the Life Satisfaction Scale developed by Q.G. Alam and R. Shrivastav. The data analysis method employed was the "t" test.According to the results, parents of typically developing children are more satisfied with their lives than those of mentally challenged children1 [1].

Parameswari &Eljo (2017)[6]"A Study on Psychological Well Being among the Parents of Children with Intellectual and Developmental Disabilities" a study examining the psychological well-being of parents of children with developmental and intellectual disabilities was conducted. The results of this study indicate that, as a result of their numerous duties, over half of parents do not have good psychological wellbeing[6.]

Azeem , Dogar, Shah, Cheema, Asmat , Akbar, Kousar , Haider, (2017) conducted a researchTo assess the level of psychopathology i.e. anxiety, depression and both anxiety and depression together among parents of children with intellectual disability (ID). The study included 198 parents (99 fathers/99 mothers) of 100 children with the diagnosis of ID. Findings showed Compared to fathers (77%) and mothers (89%), a significantly higher percentage of moms experienced anxiety, depression, or both simultaneously (p-value <0.05). Thirty-three percent of mothers matched the criterion for depression, forty percent for anxiety, and thirty-five percent for both. Of the dads, 42% suffered from anxiety, 31% from depression, and 3% from both. The parent's gender and the individual mental diagnoses of anxiety, depression, and anxiety and depression combined were significantly correlated (p-value <0.05). Additionally, a significant correlation (p-value <0.05) was discovered between the mother's anxiety, depression, or both and the children's level of ID[22].

Gopiraj& Rani (2017) researched on Stress among the Parents with Intellectually Disabled Children.The objective of the study was to determine the level of stress in parents with

intellectually disabled children. The study was carried out in Kerala's Malappuram district at special schools. One hundred parents of children in special education who have intellectual disabilities participated in the study. Those who satisfied the inclusion criteria were given the Kindler's Personal Stress Assessment Inventory and a social demographic questionnaire. The findings showed that of the parents, 49 percent had a medium degree of stress, 40 percent had a high level, and 11 percent had a low level.The sociodemographic information and stress levels were significantly correlated[23].

Thumar& Raval (2018)"Psychological well-being among Parents of Intellectually and Physically Challenged Children". The purpose of the current study was to determine the psychological health of parents of children who are cognitively and physically challenged. It also sought to assess psychological health in relation to parental characteristics and educational attainment.The findings indicate that there is a statistically significant variation in the average psychological well-being score between children with intellectual and physical disabilities and among different educational levels[11].

Asagi (2018)researched on "Parents of Intellectually Disabled Children: A Study of Their Psychosocial issues". The study used a descriptive research design.The study will use purposive sampling to enroll either two parents or a single parent, for a total sample size of fifty, or twenty-five male and twenty-five female participants. Parents of children with intellectual disabilities who satisfy the subsequent eligibility requirements will be granted entry.The results show that because of their many duties, the majority of parents do not have good psychological health[10].

Teshawnia Thompson (2018) researched on, Well-Being Among Parents of Young Adults With Intellectual Disabilities When Transitioning From High School.This phenomenological study aimed to investigate the experiences of well-being of parents of young adult children

with mild IDs as their child moves from high school to adulthood. The conceptual foundation for a deeper understanding and exploration of parents' psychological well-being during the transition phase was Ryff's model of psychological well-being. Using criterion sampling, eight parents from an urban Georgia school system were chosen to take part in one-on-one, semi structured in-person interviews. The data analysis method employed was constant comparison analysis.The description of parents' lived experiences revealed eight main themes: (a) planning and expectations; (b) school experience; (c) accessing and coordinating services; (d) social support networks; (e) daily activities and planning; (f) life as an adjustment; (g) personal growth; and (h) looking ahead[24].

Mwale, Kauye, Gladstone and Mathanga (2018) researched on, Prevalence of psychological distress among parents of children with intellectual disabilities in Malawi.The purpose of this research is to ascertain psychological distress prevalence and risk variables among Malawian parents of children with intellectual disabilities. A random sample of 170 mothers and dads of children diagnosed by psychiatric clinical officers as having intellectual disabilities was taken from two designated child disability clinics. "As measure for psychological distress and questions on socio-demographic variables were administered to all consenting participants," the Self-Reporting Questionnaire (SRQ) was employed. STATA was used to code, clean, and analyze the data.The Results revealed that 70/170 (41.2%) of parents of children with intellectual disabilities reported psychological distress.results of univariate and multivariate analysis demonstrated that psychological distress among parents of disabled children was significantly predicted by the following factors: area of residence ($P < 0.05$), low socioeconomic status ($P < 0.05$), knowledge of one's child's disability ($P < 0.05$), low confidence in managing the disabled child ($P < 0.05$), increased perceived burden of care ($P = 0.05$), and having no sources of psychological support ($P < 0.05$)[25].

Dunn, Kinnear, Jahoda and Mc Connachie (2019) researched on, Mental health and well-being of fathers of children with intellectual disabilities: systematic review and meta-analysis. A meta-analysis was conducted utilizing terms related to mental health, father caregivers, and intellectual disabilities, covering all papers published by July 1st, 2018 in Medline, PsycINFO, CINAHL, and EMBASE. Out of 5544 results, 20 papers satisfied the inclusion requirements, and 12 of them had suitable data for a meta-analysis. When comparing fathers and mothers, it was found that mothers had significantly higher rates of poor general mental health and well-being (standardized mean difference [SMD] −0.38, 95% CI −0.56 to −0.20), as well as higher levels of stress (SMD, −0.32; 95% CI −0.46 to −0.19), anxiety (SMD, −0.30; 95% CI −0.50 to −0.10), as well as higher levels of depression (SMD, −0.46; 95% CI −0.68 to −0.24), and anxiety (SMD, −0.30; 95% CI −0.50 to −0.19)[26].

Scherer, Verhey, Kuper (2019) researched on Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta- analysis. This systematic review examines the connection between parental anxiety and depression and raising a kid with IDD, updating earlier research. For appropriate English-language articles published between January 2004 and July 2018, five electronic databases were examined. As long as the degree of anxiety and/or depression was compared between parents of children (under the age of eighteen) with and without IDD, any epidemiological study designs were acceptable. There was no restriction on the location. By kind of disability, area, and sample size, the percentage of favorable correlations between raising a child with IDD and depression/anxiety was broken down. Using established clinical cut-off values for each screening test, the percentage of parents at risk of mild anxiety or depression was determined.Findings show Parenting an IDD child has been positively associated with reduced feelings of anxiety (n = 9, 90%) and depression (n = 18, 95%), according to nearly all research. Higher levels of depression symptoms were linked to lower household income (n = 4, 80%)

and a higher degree of impairment (n = 8, 78%) among parents of children with IDD. Compared to 7% of parents of children without IDD, approximately one-third (31%) of parents of children with IDD exceed the clinical cut-off score for moderate depression. Compared to 14% of parents of children without IDD, 31% of parents of children with IDD achieve the cut-off score for moderate anxiety. The meta-analyses showed that parents of autistic and cerebral palsy children had higher depression with moderate effect sizes[27].

Sukant Chhotaray (2020) researched on Impact of children's intellectual disability on parents.This present paper article looks at how fathers and mothers are affected differently when their children have intellectual disabilities. The study included the mother and father of thirty children who were enrolled in a special school and were diagnosed with intellectual disability due to severely below-average intellectual functioning and poor adaptive functioning. The NIMH Disability Impact Scale, created by Peshawaria et al. (2000), was given to each parent on an individual basis. The calculated mean standard deviation was compared to the student's t-test. The findings indicated that while both mothers and fathers were impacted by the disability, women were impacted considerably more than fathers. These findings point to the importance of parental caregiving and cultural influences, which may increase the impact of disabilities and cause stress in moms of disabled children[28].

Waqar et al., (2021) Researched on "Psychosocial distress among parents of children with intellectual disabilities". The National Institute of Rehabilitation Medicine (NIRM) Department of Psychology and the Special Education Center in Rawalpindi were the sites of data collection. There were two stages of the investigation. Phase I involved conducting qualitative interviews with parents of children with intellectual disabilities and a thorough literature study to create a culturally relevant item pool. In phase II, one hundred parents were given the Depression Anxiety Stress Scale (DASS-21) and forty-one questions measuring psychosocial distress. We examined the scale's validity, internal consistency, and factorial

structure. In order to measure the many aspects of psychosocial distress, five criteria were taken out, including dejection, marital disputes, emotional anguish, social and personal constraints, and lack of family support.These factors, which included a total of 26 items, explained over 65% of the variance. The scale's Cronbach's alpha (.93) is respectable. Positive correlation between the DASS-21 and the psychosocial distress scale was demonstrated by their convergent validity[29].

Hameed (2021) **"**Parents having Intellectually Disabled Children: A Systematic review of Quality of Life and Mental wellbeing". This study aimed to identify parents who are the primary caregivers of children with intellectual disabilities and provide interventions to improve their quality of life. In light of the early years, available resources, and the challenges associated with raising a child with an intellectual handicap, this study aims to investigate parents' perceptions on beneficial practices for kids with disabilities. Results: The researchers used a variety of survey techniques. Additionally, studies examined a range of QOL categories, including family support, financial wellbeing, and community relationships. The results indicated a QOL that ranged from good to excellent. However, the majority of research has used a general assessment tool to evaluate how parents' and caregivers' physical and mental health is affected by intellectual disabilities[30]

Juyal & Bhatnagar (2021)[12] **"**Psychological Well Being of Parents In Relation To Early Intervention of Their Intellectually Disabled Children". This research aimed to ascertain the effects of early intervention for children with intellectual disabilities on the mental health of their caregivers. Furthermore examined in the study was the distinction between fathers and mothers in the same field. The emotional health of parents of children with intellectual disabilities is positively impacted by early intervention, according to the results. Mothers performed better on the post-test than fathers did in terms of psychological well-being, but still exhibited significantly lower psychological well-being in the pre-test[12].

Gavneet Kaur Pruthi (2021) researched on Mental Health Issues among Parents of Children with and without Intellectual Disability. The present study assessed the mental health issues among parents of children with and without intellectual disability**,**to determine the origins of stress in parent-child subsystems, the Parental Stress Index (PSI) (Abidin, 1995) was employed. The Norbeck Social Support Questionnaire (NSSQ; Norbeck et al., 1995) was employed to measure the degree of emotional support perception rates. The Family Support Scale (Dunst et al., 1984) was employed to evaluate the family support networks that were accessible. The present levels of depressed symptoms and mood were measured using the Centre for Epidemiological Studies Depression Scale (CED-D; Radloff, 1977). 120 moms of children with intellectual disabilities (ID) between the ages of 10 and 20 received all of these treatments, while 120 mothers of healthy children with average intelligence (AI) served as controls.Overall, moms of children with ID reported higher levels of stress and depression than mothers of children without ID, according to the research. Mothers of children with ID, however, reported much greater emotional support from their families and friends than did mothers of children without ID. This could also be a reflection of the fact that, although families in India now function as units within a wider social network, the family unit itself has taken on a more nuclear form[31].

Noman and Yasir (2022)[3]researched on “Parents' needs of children with intellectual disability” The purpose of the study was to evaluate the requirements of parents of children with intellectual disabilities and identify the sociodemographic factors that were related to these demands. Methods: A non-probability sampling technique was used to identify 123 parents of children with intellectual disabilities for a purposive sample in a descriptive cross-sectional study... Interviews were used to gather the data, and descriptive and inferential statistical data analysis techniques were used to analyze it. Findings: According to the study's findings, 82.9 percent of the parents had high levels of cognitive needs, 65% had high levels of material needs,

75.6% had high levels of social needs, and 52.8% had high levels of intermediate needs. Parents' emotional requirements varied according to their child's age, and there were differences in the cognitive, material, social, and emotional demands according to the child's level of intellectual disability ($p<0.05$)[5].

Gap analysis:

Considering the requirement of parents of such children it is observed that, parents are still ignorant and Aree in the need of multiple levels of information and about 50% of parents are still living in dilemma about how to upbring such children. Beside the simultaneous circumstance, social discrimination and stigma make the parents, in confident. Another additive factor is malpractice of health professional, especially the child specialist, who does not tell the reality to the concerned parents rather they keep on prescribing the nutritional supplement for number of years which badly prevents chance of development of such children and by the time child is grown up, which defeat all the positive exercises. Parents keep meeting with such agonies of life which is a common practice in all special schools which are running for educational rehabilitation. It is ascertained that parents psychological wellbeing definitely get affected in negative manner, by the current study literature.

AIM AND OBJECTIVES

Aim: Parents fulfill all fundamental requirements of their children from the day one for the sake of their children's overall growth & development but if by chance respective children faces different challenges at intellectual platform they are more in the need of gathering related information which can foster their children's development.Their needs are of variety types, for example, need to understand intellectual disability and their types, whom they need to refer for professional assessment and guidance, what necessary training their children need to undergo for educational and social rehabilitation , what training as a parent they need to join etc.

This study has concentrated on analysis of overall needs of parents whose children are carrying intellectual disability .so that the parents can be guided accordingly.

It is fact that parents of children with intellectual disability have multiple needs for that they are needed to be appraised of related awareness so what they should not face ignorance & to help concerned parent's carelessness. It is an earnest necessity as lack of knowledge may precipitate n number of issues which definitely affect the mental wellbeing of the concerned parents.

Objective:

To identify and analyse the needs among parents of children with intellectual disability.

To identify and analyse the psychological wellbeing among parents of children with intellectual disability.

MATERIALS AND METHODS

Material & Method:

Research methodology is a plan, structure & strategy which an investigator applies for formulating problem, hypothesis, deciding the method of data collection on the basis of required test measures.

It is a declaration of practical exercise which an investigator tries to accomplish the study work, so now let us concentrate on research question.

Research Question:

Do the needs & psychological wellbeing among the parents of children with intellectual disability are required to be analyzed?

Hypothesis:

Alternative Hypothesis (H1):

The parents of children with intellectual disability have multiple needs about their children's development as it affects their wellbeing.

Null Hypothesis (H0):

The parents of children with intellectual disability have no needs about their children's development that's why their wellbeing is not affected.

Study Design: Cross sectional study

Sample Size:

The sample size was calculated on the basis of prevalence rate 2 to 3% for intellectual disability in children. At 95% confidence interval with 0.05 margin of error, using formula $= \frac{z^2 pv}{d^2}$, the sample calculated for children with intellectual disability was 44, hence parents (both) of 44 children with intellectual disability had participated in this study.

Sample size	Total	Mother of (children with intellectual disability)	Father of (children with intellectual disability)
	88	44	44

Table No 1 shows total sample and sample distribution

Sampling:

Sampling is purposive in nature

Place of study:

This research was conducted at the Department of Clinical Psychology in the collaboration of Department of Paediatrics, at Santosh Medical College and Hospitals, Ghaziabad (U.P).

Inclusion criteria:

- Both Parents of children with intellectual disability are included.
- Age wise parents of children with intellectual disability (below 18 years) have been included in this study,
- Its further added as the parents whether working or nonworking were included, provided they were willing to participate with the signed consent which have been taken for this study.

Exclusion criteria:

- Parents of children with intellectual disability with any neurological disorder and any psychological issues were excluded.
- Besides single parents, divorced parents and separated parents were also excluded.

Test measures – To collect the data, the two processes were taken into consideration:

1) Ist Process- where subjects were asked to sign the consent form (Annexure I) followed by preliminary identification data sheet (Annexure II).

2) IInd Process – All subjects were administered following standardized test measures:

1. Consent form (Annexure I)

2. Preliminary identification data sheet (Annexure II)

3. NIMH family needs schedule (Annexure III)

4. Psychological wellbeing scale 18 item (Annexure IV)

5. Depression anxiety and stress scale -42 (Annexure V)

Consent form (Annexure I): Before starting the study concerned parents had to signe the consent form (Both in english and hindi).

Preliminary identification data sheet (Annexure II): Afterwards preliminary identification data sheet was filled. This Preliminary identification data sheet consists queries for following details – Demography about parents & afflected children, family background ,any past history of psychiatric disorder in parents, Occupation ,IQ testing profile of concerned children afterwards standardized test measures were used on concerned parents.

NIMH family needs schedule (Annexure III)

NIMH Family needs schedule developed by mental institute for the mentally hendicapped in the year of 1993-1994, this Needs schedule assessed needs of parents whose children have intellectual disability. This scale contains 15 domains, to assess the various needs of parents[31].

Psychological wellbeing scale 18 item (Annexure IV) :

The psychological wellbeing scale which is carries 18-item ,was created by Carol D. Ryff and is a condensed version of the original measure. The instrument assesses six dimensions of

psychological well-being: self-acceptance, positive interpersonal relationships, environmental mastery, personal progress, and autonomy. The scale's internal consistency (α) falls between.93 and.86. Additionally, the range of test-retest reliability is .88 to.81[32].

Depression anxiety and stress scale-42 (Annexure V)

Lovibond & Lovibond developed the Depression Anxiety and Stress Scale, in 1995. This scale, it carries 42-item as its name implies, assesses negative emotional states such as stress, worry, and despair. The DASS Depression, Anxiety, and Stress subscales were found to have Cronbach's alphas of 0.97, 0.92, and 0.95, in that order[33-34].

Statistical Analysis:

In this study, comprehensive statistical analysis was conducted. Initially, mean & standard deviation were calculated, for all variables. Subsequently, Pearson correlation coefficients were calculated to assess the relationship between various needs and psychological wellbeing of parents, as well es emotional states such as depression,anxiety and stress. t test was applied to compared the various needs , psychological wellbeing and DASS which is depression, anxiety and stress between both the parents.

Ethical Considerations:

The study was given ethical approval by the Institutional Review Board (IRB) of Santosh Deemed to be University, Ghaziabad Uttar Pradesh as well as the Ethical Committee of Santosh Medical College & Hospitals Ghaziabad (UP) .

RESULTS

Result:

The objective of the present research wasto identify and analyse the needs among parents of children with intellectual disability andto identify and analyse the psychological wellbeing among parents of children with intellectual disability. The differences in various needs and psychological wellbeing of both parents of children with intellectual disability anddifferences among their emotional state which is depression, anxiety and stress, were calculated by using t-test.

Table No 1 shows total no. of sample size:

Sample size	**Total**	**Mother of (children with intellectual disability)**	**Father of (children with intellectual disability)**
	88	**44**	**44**

Figure 1 shows total no. of sample size:

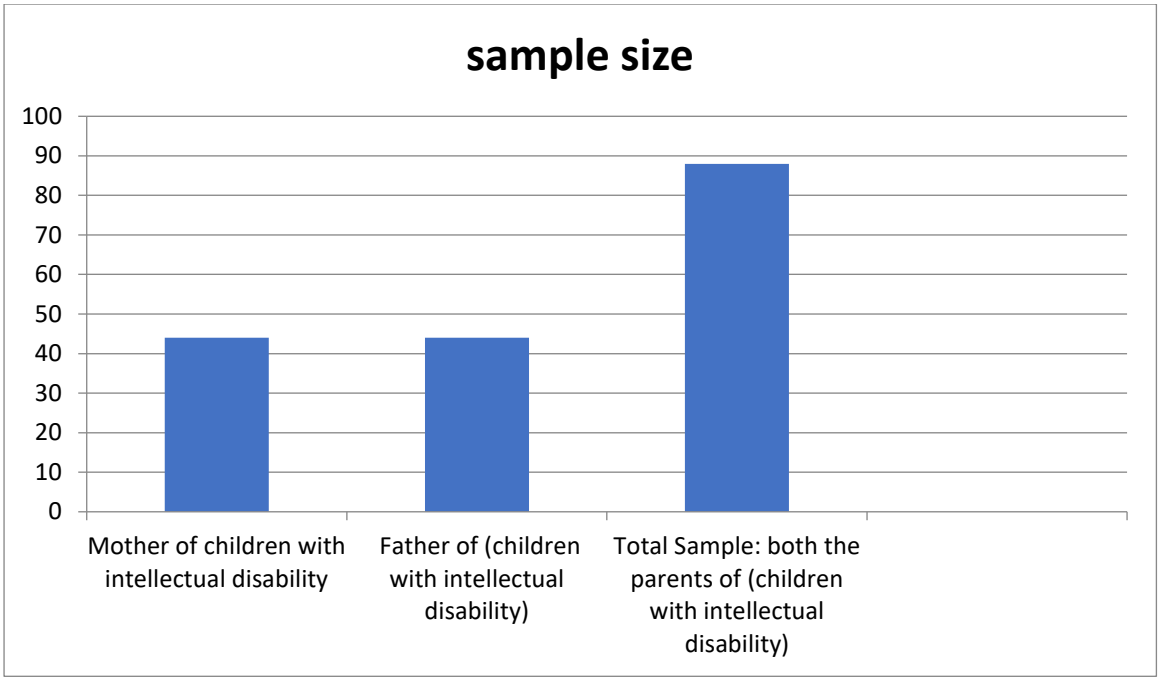

Table 2 shows mean and standard deviation and t-test of various needs of both parents of children with intellectual disability.

NIMH Need Schedule for Parents	Mother mean	Father mean	t-test	df
Information condition	10.045 ±2.99	16.864 ±7.09	.200	86
Child Management	10.432 ±3.43	10.045 ±2.99	.834	86
Facilitating Interaction	11.318	10.432	.216	86

	±5.30	**±3.43**		
Services	**7.977** **±2.34**	**11.318** **±5.30**	**.915**	**86**
Vocational Planning	**1.295** **±.794**	**7.977** **±2.64**	**1.117**	**86**
Sexuality	**1.455** **±.85**	**1.295** **±.794**	**.135**	**86**
Marriage	**1.636** **±1.240**	**1.455** **±.845**	**.419**	**86**
Hostel	**1.250** **±1.480**	**1.636** **±1.240**	**.434**	**86**
Personal-Emotional	**5.523** **±2.172**	**1.250** **±1.480**	**.051**	**86**
Personal-Social	**3.045** **±1.293**	**5.523** **±2.172**	**.262**	**86**

Support-Physical	**3.636** **±1.990**	**3.045** **±1.293**	**.998**	**86**
Financial	**3.455** **±2.183**	**3.636** **±1.99**	**.046**	**86**
Family Relationships	**6.341** **±2.640**	**3.455** **±2.183**	**.512**	**86**
Future Planning	**3.182** **±1.105**	**6.341** **±2.64**	**.407**	**86**
Government Benefits & Legislation	**3.227** **±1.010**	**3.182** **±1.11**	**.382**	**86**

Figure 2 shows mean score of various needs of both parents.

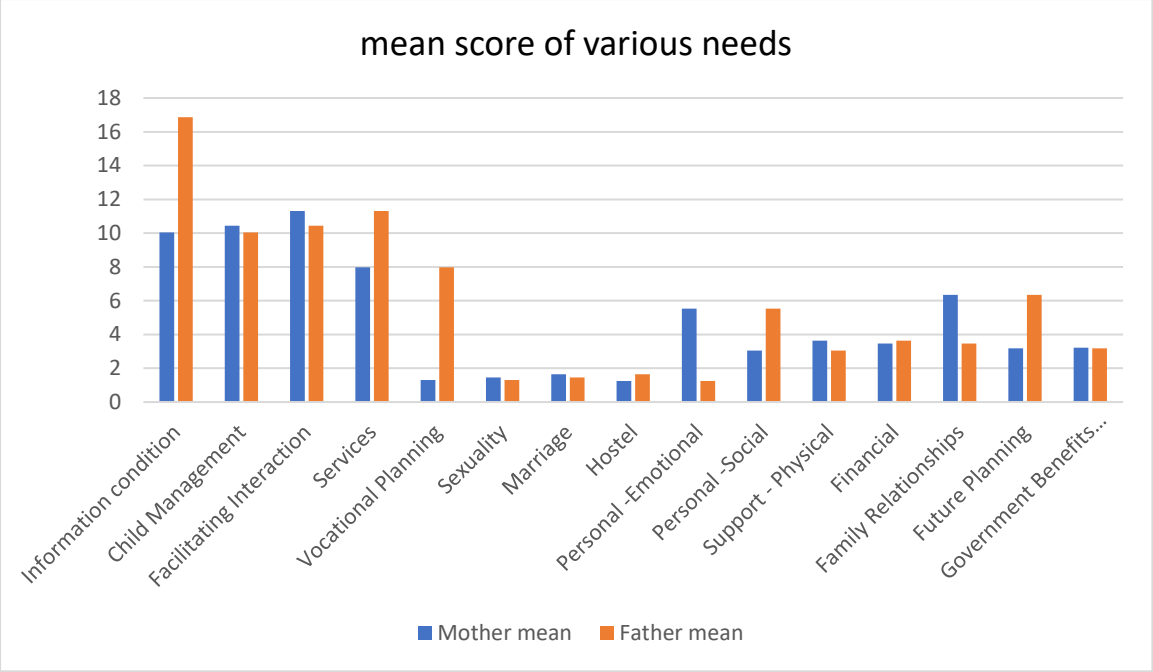

Table no 3. shows mean standard deviation and t-test of psychological wellbeing of both parents of children with intellectual disability.

	Mother Mean	Father Mean	t-test	Df
Psychological Wellbeing	88.04 ±13.92	85.02 ±11.10	1.126	86

Figure 3 shows mean of psychological wellbeing of both parents of children with intellectual disability.

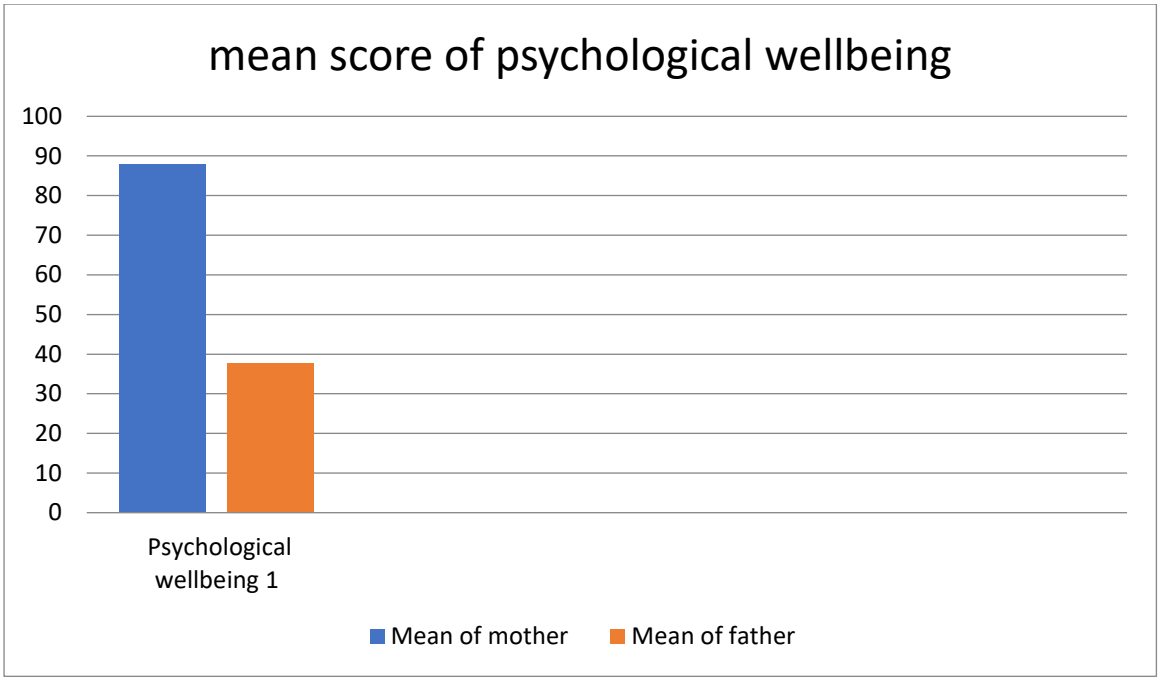

Table 4 shows mean and standard deviation and t-test of depression, anxiety, stress among both parents of children with intellectual disability.

DASS 42	Mother Mean	Father Mean	t-test	df
Depression	13.500 ±7.19	13.25 ±7.96	.155	86
Anxiety	14.864 ±6.23	13.80 ±6.86	.765	86
Stress	16.864 ±7.092	15.614 ±7.11	.826	86

Figure 4 shows mean of depression,anxiety,stress among both parents of children with intellectual disability.

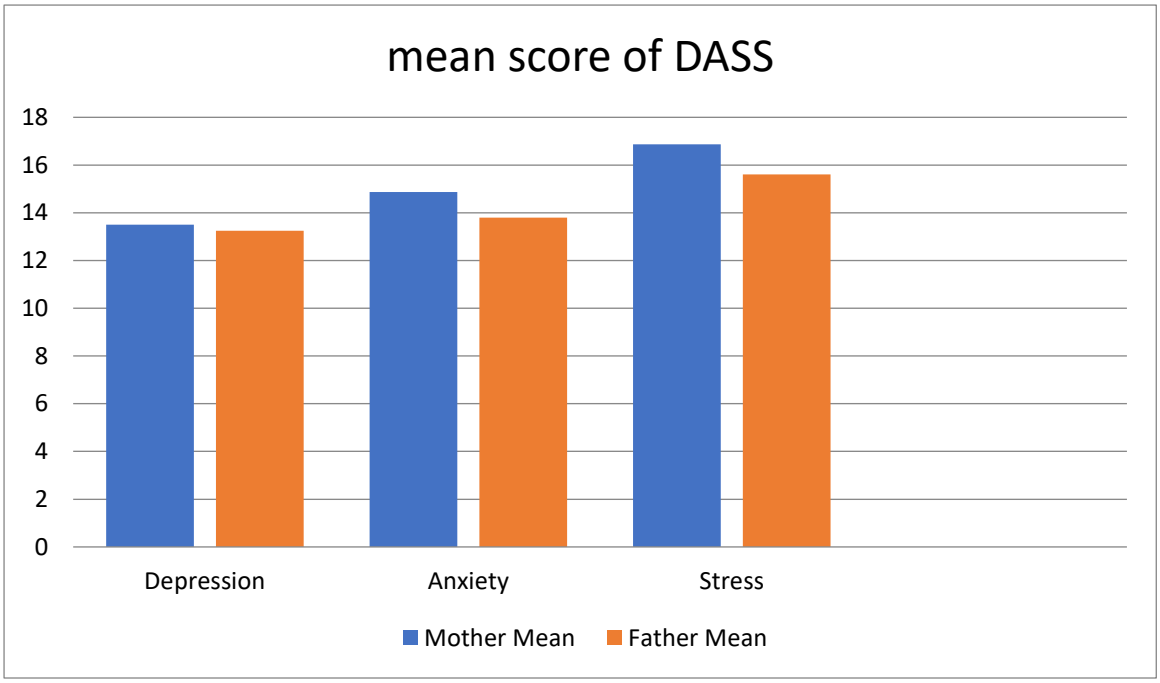

Table 5 shows correlation between psychological wellbeing & depression, anxiety, stress of mother and father of children with intellectual disability.

		MOTHER	FATHER
Psychological wellbeing	Depression	-.472**	-.473**
	Anxiety	-.431**	-.487**
	Stress	-.329*	-.273

Table 6 shows correlation between psychological wellbeing and needs of mother and father of children with intellectual disability

		MOTHER	FATHER
Psychological wellbeing	Informationcondition	-.049	.133
	ChildManagement	-.014	-.47
	FacilitatingInteraction	.320*	-.261
	Services	.169	-.012
	VocationalPlanning	.216	.001
	Sexuality	.197	.165
	Marriage	.305*	.010
	Hostel	.187	-.101
	Personal-Emotional	.097	-.358*
	Personal-Social	.251	.097
	Support-Physical	.198	-.252
	Financial	.306*	-.387**

	FamilyRelationships	.147	-.320*
	FuturePlanning	.209	-.064
	Government Benefits & Legislation	.205	.046

Table 7 shows correlation between depression, anxiety, stress & needs of mother and father of children with intellectual disability.

		MOTHER	FATHER
Depression	Informationcondition	.019	.086
	ChildManagement	.188	.195
	FacilitatingInteraction	.029	.209
	Services	.187	.221
	VocationalPlanning	.169	.135
	Sexuality	.198	-.241
	Marriage	.146	.128
	Hostel	-.075	-.174
	Personal-Emotional	.229	.524**
	Personal-Social	.260	.211
	Support-Physical	.255	.289
	Financial	.304*	.199
	FamilyRelationships	.001	.177
	FuturePlanning	.161	.172
	Government Benefits & Legislation	.316*	.321*
Anxiety	Informationcondition	.200	.112
	ChildManagement	.200	.236
	FacilitatingInteraction	.312	.300*
	Services	.360	.304*
	VocationalPlanning	.084	.057
	Sexuality	.193	-.142
	Marriage	.195	.199
	Hostel	-.034	.598**
	Personal-Emotional	.310*	.340*
	Personal-Social	.359*	.326*
	Support-Physical	.368*	.172
	Financial	.176	.206
	FamilyRelationships	.120	.223
	FuturePlanning	.287	.270
	Government Benefits& Legislation	.396**	-.487**
	Informationcondition	.198	.169
	ChildManagement	.150	.274
	FacilitatingInteraction	.117	.248

Stress	Services	.364*	.225
	VocationalPlanning	.148	.175
	Sexuality	.274	-.008
	Marriage	.198	.176
	Hostel	-.110	-.066
	Personal-Emotional	.255	.467**
	Personal-Social	.247	.320*
	Support-Physical	.288	.467**
	Financial	.094	.148
	FamilyRelationships	.135	.051
	FuturePlanning	.116	.211
	Government Benefits& Legislation	.275	.322*

****.Correlation is significant at the 0.01 level.**

***.Correlation is significant at the 0.05 level.**

DISCUSSION

Discussion

In this chapter findings are being discussed on the basis of statistical analysis which is done step by step and results are shown through tables and graphical representation.

Step No. 1 Demographic analysis

Step No. 2 Analysis of various needs of the parents (mother & father)

Step No. 3 Analysis of Psychological wellbeing of parents (mother & father)

Step No. 4 Analysis of depression, anxiety, stress. (DASS) among parents (mother & father)

Step No. 5 Competition of Correlation between following psychological characteristics

(A) Correlation between psychological wellbeing and needs of both parents (mother & father) of children with intellectual disability.

(B) Correlation between psychological wellbeing and Depression, anxiety, stress (DASS) among of both parents (mother & father) of children with intellectual disability.

(C) Correlation between Depression, anxiety, stress and needs of both parents (mother & father) of children with intellectual disability.

Step No.1 Interpretation of Demographic Analysis

In this exercise as shown in table no.1 and graphically demonstrated graph 1, there were 44 parents could be taken on the basis of available research paper analysis by **Noman and Yasir (2022)[4] who** researched on "Parents' needs of children with intellectual disability".

As per table 1 & demonstrated graph 1, in total there were 44 mothers and 44 fathers were taken for study purpose these parents were simply educated and were found in the need of seeking necessary health in order to take care of their children properly and it was also thought why as not to project their wellbeing and other psychological characteristics because it is fact the upbringing the child with special need (intellectual disability) is a big burden for parents.

Step No. 2 Analysis of various needs of the parents (mother & father)

Interpretation in this particular exercise as per table 2 & graphically demonstrated graph 2,various needs of parents were analyzed by NIMH need schedule of parents its was observed that the most important needs of both parents where they are in the requirement of health were facilitating interaction, information condition, management of their child, knowledge about available services, vocational planning besides some other important needs were the maintenance of relationship, handling personal and social relationship and how to seek the support at physical and emotional level. These results supported by **Sahay et al., (2013)[7]** who researched on "Parents of Intellectually Disabled Children: A Study of Their Needs and Expectations". Finding suggested that parents referred to strong needs about information of current and future service available in society and the community which is followed by basic expenses, teaching strategies and therapy, day care services. Parents showed less expected needs towards the professional influences.

Step No. 3 Analysis of Psychological wellbeing of parents (mother & father)

As per table 3 & demonstrated in graph 3, while going through this exercise it was notice that in this exercise both the parents are being assessed and father's wellbeing was found to be more influenced in a negative manner, it does not mean mother do not have afflicted wellbeing but

comparatively father is more affected, which is supported **Asagi (2018)[14]who** researched on "Parents of Intellectually Disabled Children: A Study of Their Psychosocial issues. The findings convey that most of the parents do not have good psychological well being due to their multiple responsibilities[8].

Step No. 4 Analysis of depression, anxiety, stress. (DASS) among parents (mother & father)

In this exercise as per table 4 & demonstrated in graph 4 , the level of depression, anxiety and stress was assess by applying (DASS) and finding are showing mothers are more disturbed in comparison to father in all three area namely depression, anxiety and stress. These results are supported by Dunn, Kinnear, Jahoda and Mc Connachie (2019)[26] who researched on, mental health and well-being of fathers of children with intellectual disabilities.Results revealed for comparisons of fathers with mothers, mothers were significantly more likely to have poor general mental health and well-being, as well as higher levels of depression, stress and anxiety, as compared to the fathers.

A comparative interpretation of needs of both parents (mother & father)

As per table no. 2 shows that in this exercise the needs of the both the parents in the following areas are being compaired with in the family it is observed that highest need required among the mother is significant higher then father and its true, also as mother is the first care taker for the child and she need to be appraised with knowledge and it is too essential when the child is facing intellectual disability.

Another higher areas of need is facilitation of child's interaction where mother is in the need of knowing to know, how difference is significant beside sexuality, marital aspects of such children. Personal and emotional areas need of seeking physical support maintaining family relationship and knowledge about awareness of the legislatory aspect where mother is reflected higher level of need in comparison to father.

There are some other areas with in the family between mother and father need of the seeking knowledge about intellectual disability, available services, personal and social needs, financial aspect, future planning where fathers are more in need of having knowledge about such aspects. These results are supported by **Sahay et al., (2013)**[7] who researched on "Parents of Intellectually Disabled Children: A Study of Their Needs and Expectations". Findings suggested that parents referred to strong needs about information of current and future service available in society and the community which is followed by basic expenses, teaching strategies and therapy, day care services. Parents showed less expected needs towards the professional influences.

A comparative interpretation of psychological wellbeing of both parents (mother & father)

The table no.3 displays the results of a study comparing levels of psychological wellbeing between two groups categorized by parental behavior (mean mother and mean father).

These findings suggest that there was no statistically significant difference in psychological wellbeing between individuals with mean mothers and those with mean fathers. Despite a slightly higher mean score in the group with mean mothers, the difference was not significant enough to reject the null hypothesis.

A comparative interpretation of DASS of both the parents (mother & father)

The table No.4 presents the results of a study comparing the levels of depression, anxiety, and stress between mother and father.

For depression, The results suggests that there was no significant difference in depression levels between the both the parents of (mother and father) children with intellectual disability. Similarly, for anxiety, the results indicating that there is no significant difference in anxiety levels between both the parents of children with intellectual disability (mother & father).

Regarding stress, the results indicating that there is no significant difference in stress levels between both the parents of children with intellectual disability.

Overall, based on the p-values and degrees of freedom, there were no statistically significant differences in depression, anxiety, or stress levels between individuals with mean mothers and mean fathers. This suggests that parental behavior, whether exhibited by mothers or fathers, may not significantly impact the levels of depression, anxiety, or stress in individuals. However, further research with larger sample sizes and potentially different measures of parental behavior may be needed to confirm these findings.

The next exercise is related to correlation competition between the different psychological variables which are discussed here step by step-

Interpretation of comparison between the needs of both parents (mother & father) of children with intellectual disability as per table no 2

In next step the psychological wellbeing was correlated with the needs of the both parents.

As such both parents do not reflect significant difference when scores of psychological wellbeing were compaired with different needs of parents of children with intellectual disability, only few areas have reflected when intentions were notice like mother are more worried about their marriage which has positive correlation which is issues their wellbeing reflected beside the financial aspect which is also affected

As per table no. 5 demonstrated Correlation between psychological wellbeing of mother and father of children with intellectual disability with (DASS). There is an intention of negative correlation between psychological wellbeing and depression, anxiety, stress which is found in the both the parents, it means if depression, anxiety, stress will be more, the psychological wellbeing will be going down which is true, here is aimmediatecounselling by taking their need into consideration.

Interpretation of correlation between DASS & and psychological wellbeing of parents of (children with intellectual disability) that is depression, anxiety and stress and need of parents, findings are being discussed in following order

No. 1 depression with need

No. 2 anxiety with need

No. 3 stress with need

In the areas of need as such no significant correlation except personal & emotional area were father has positive correlation in this need and it can considered that they may face depression in future even at present they are having depression.

Anxiety with need

Fathers are more worried about residential opportunities and government benefits and a positive correlation with the lack of hostel facilities will definitely increase anxiety of fathers even the knowledge about government benefits. It is also having question mark and negative correlation show lessor in anxiety.

Stress with need

As far as correlation with stress is concern the positive correlation with stress with personal emotional, personal social, support physical and government benefits. If those needs are not satisfied parents will be more stressed.

On the basis of findings, this study is strongly rejecting the null hypothesis that is “The parents of children with intellectual disability have no needs about their children’s development that’s why their wellbeing is not affected.

CONCLUSION

Conclusion

Parents play very important role in their children's overall development. Parenting is the highly demanding task even for children with normal psychological profile but if by chance child is intellectually disabled then they face multiple hurdles in their parenting as per the aim of this study, the study has been concentrated on overall needs and psychological wellbeing among parents of children with intellectual disability. This cross sectional research was conducted on both parents of 44 children with Intellectual Disability at the Department of clinical psychology with the collaboration pediatrics department, at Santosh Medical College and Hospitals.

If we conclude this study,Here's a comprehensive conclusion based on the findings about each and every aspects of this study.

Demographic Analysis:

The study, which included 44 fathers and mothers, shed insight on the difficulties faced by families with kids who have intellectual disabilities. Beside educated, these parents still need a lot of help, especially when it comes to taking care of their own health in addition to their children's.

Analysis of Needs of both parents of children with intellectual disability:

There is substantial observation which are related to multiple needs of both parents, including assistance in managing their child's illness, information accessibility, and health facilitation. The study emphasizes how critical it is to attend to these requirements in order to lessen the burden on parents.

Analysis of Psychological Wellbeing of both parents of children with intellectual disability:

Fathers are typically more badly impacted, even when both parents show signs of reduced psychological wellbeing. In light of the fact that parents' mental health has a substantial impact

on their capacity to provide for their children, this highlights the necessity for specialized support networks to address the mental health issues parents encounter.

Analysis of Depression, Anxiety, and Stress of both parents of children with intellectual disability:

Compared to fathers, mothers seem to endure higher levels of stress, anxiety, and depression. This is consistent with other studies that show differences in mental health between parents of children with intellectual disabilities. For the wellbeing of parents and the smooth functioning of families, interventions targeted at minimizing these psychological stresses are essential.

Correlation between Needs and Psychological Wellbeing of both parents of children with intellectual disability:

Fathers also need a lot of help, especially when it comes to comprehending government benefits and making future plans, even if mothers seem to have greater demands in areas like knowledge development and emotional support. The necessity of addressing these areas to enhance parental mental health is highlighted by the relationship between needs and psychological wellbeing.

DASS Correlation with Needs of both parents of children with intellectual disability:

Parental needs and psychological wellbeing are significantly correlated, according to the correlation analysis parents need and DASS shows directly proportional relationship, which implies higher the DASS score, higher will be needs of parents. In order to reduce stress and promote parental wellness, fathers in particular show increased anxiety over housing options and government benefits. These are areas that need immediate attention.

Correlation Analysis of Psychological wellbeing with DASS

DASS is inversely proportional with psychological wellbeing which means if DASS score is more, psychological wellbeing will be poorly addicted.

It is necessary to address the domains of DASS which is depression, anxiety and stress in order improve parent's wellbeing.

In this study the findings convey that both the parents (mother & father) shows various needsin multiple domains due to which their psychological wellbeing is also affected poorly, but when we compared the needs, their emotional state which is (depression, anxiety, stress – DASS) and their psychological wellbeing, we found that mother had more needs, high DASS score that is that is their emotional state was affected more compared to father. However interestingly and unexpectedly it is observed that father's overall psychological wellbeing was affected much more compared to mothers. In order to justify this finding it is true to say that fathers are less expressive then their female counterparts (i.e mothers) , which means more stressed internally hence it shows overall poor psychological wellbeing.

Additionally they have more societal pressure of multiple roles and responsibilities to take care of their children, also a financial burden on them is itself a big stressor. This stress includes multiple folds especially when they are father of intellectually challenged children.

To conclude, burden of responsibilities of intellectually disabled child is not on the shoulder of mother only, father are also seen to be having too much silent stress and depression. It is crucial for the society to pay attention on both the parents in order to help them, in taking care of their special children.

The study concludes by highlighting the complex interactions that exist between psychological well-being, parental requirements, and the difficulties of raising children with intellectual disabilities. In order to address these problems, a comprehensive strategy that includes social support, healthcare, and specially designed interventions to boost parental resilience and improve family outcomes is needed. To meet the complex requirements of these families and advance their general welfare, further research and focused interventions are necessary.

Limitations

The study has several limitations, that are:

Small sample size, which was calculated by the statistician, as per the prevalence rate in the reference article. The small sample size can lead to reduced generalization of results. Potential bias in self-reporting, the responses provided by the participants can be inquorate due to conformity. The study's application of psychological wellbeing assessments faces limitations due to language constraints, cultural and situational elements, contextual influences, and ethical considerations. Cultural variances in parenting responsibilities and disabilities, as well as contextual factors like social support and healthcare access, could impact results.

Delimitations

The study focuses on parents of children with intellectual disabilities, and focuses on needs of both the parents separately.

This study covers both psychological wellbeing and needs of parents of children with intellectual disability.

The research was conducted over a defined timeframe, using standardized tools to measure psychological wellbeing and needs.

The study may focus on specific types of intellectual disabilities and employs a quantitative methodological approach for data collection and analysis.

Ethical principles, such as informed consent and confidentiality, were followed.

Suggestions:

This study will help us better understand and meet the needs and well-being of parents of children with intellectual impairments and push for modifications in policy that offer these families stronger support networks and guarantee that all of their requirements are satisfied.

Improved Support Systems likecounselling Services can be started, that can schedule frequent counselling sessions for both parents to assist in coping with despair, worry, and stress. Support groups can be established so that parents can communicate about their strategies and experiences, providing a network of support and lowering feelings of loneliness.

This study can help develop workshops and Seminars, that can help parents get proper information regarding resources, government benefit comprehension, and the management of intellectual disabilities.

this study can inform parents to get frequent Health Check-ups to keep an eye on their emotional and physical well-being. Specialized Healthcare Providers can help families of children with intellectual disabilities get in touch with healthcare professionals who specialize in treating their needs. Adoption of stress-reduction plans made especially for parents can be made.

Community Awareness Campaigns can be conducted to increase public knowledge of the difficulties faced by parents of children with intellectual disabilities in order to promote a more acceptingatmosphere in the community.

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ANNEXURES

ANNEXURE I

SANTOSH MEDICAL COLLEGE AND HOSPITALS

NO.1 AMBEDKAR ROAD, GHAZIABAD
DEPARTMENT OF CLINICAL PSYCHOLOGY

PRELIMINARY IDENTIFICATION FORM

Performa for preliminary identification data sheet ‘’**A STUDY OF NEEDS AND PSYCHOLOGICAL WELL BEING AMONG PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITY”**

Child Name: Age: DOB:

Date/Day: Sex: M/F

OPD NO:

Religion: Caste:

Socio Economic Status:

Phone No:

Mother’s Name: Father Name:

_____ _____

Address:

_____

___

Participant’s Personal Details:

Participant Relation with child: Mother/ Father

Participant Name: Age: Gender: Education Qualification:

Family delails:

Family type:

Does your child suffer from mental subnormality? YES/ NO

Family history of mental illness or any other illness if yes

Specify_____

Past psychological or psychiatric history:

Have you ever consulted psychologist or a psychiatrist before? Yes / No (If yes then)

Purpose _____

Day/Date_____ /_____

Occupation:

Are you currently employed YES/ NO

Private/ Government_____

If employed then nature of occupation _____

Designation_____

Any other information which you want to furnish_____

_____

Test Administered on Child

_____

_____

_____

Test Findings

_____

_____

_____

Reccomendations

1._____

2._____

3._____

Level of intellectual disability in the child: _____

NOTE: It's an oath that whatever information you are mentioning here will be kept confidential.

Investigators:

Investigator-Miss Nazreen (Msc.Clinical Psychology 2nd Year, Student) Santosh Deemed to be University (Ghaziabad)
Co-Guide-Dr. Alka Agarwal (Dean Santosh Deemed to be University)
Guide-Dr. Rani Srivastava (Prof. & Head, Department of Clinical Psychology Santosh Deemed to be University Ghaziabad).

ANNEXURE II

ANNEXURE II

SANTOSH MEDICAL COLLEGE, HOSPITAL

NO.1, AMBEDKAR ROAD, GHAZIABAD, U.P,201001
DEPARTMENT OF CLINICAL PSYCHOLOGY

CONSENT FORM

Name of the participant_____

Date_____

You are requested to be a part of this study titled "A Study of Needs & Psychological Wellbeing Among Parents of Children With Intellectual disability"is to be conducted in the Department of Clinical Psychology at Santosh Deemed to be University Ghaziabad, Uttar Pradesh. The objective of this study is to identify and analyse the parent's needs of intellectually challenged children.
Your participation is voluntary; if you want to withdraw you can do at any time. The responses along with your personal information will be kept confidential. No any charge will be applied for testing. If you have any query regarding the study you can ask.

I _____ agree to participate in this research.

Investigators

Miss Nazreen (Msc. Clinical Psychology 2nd Year, Student. Santosh Deemed to be University Ghaziabad)
Dr. Rani Srivastava (Prof.& Head, Department of Clinical Psychology Santosh Deemed to be University Ghaziabad)
Dr. Alka Agarwal (Dean Santosh Deemed to be University)

ANNEXURE III

संतोष मेडिकल, कॉलेज अस्पताल

नंबर 1, अम्बेडकर रोड, ग़ाज़ियाबाद, यू.पी., 201001

नैदानिक मनोविज्ञान विभाग

सहमति प्रदान पत्र

प्रतिभागी का नाम_____

तारीख_____

आपसे अनुरोध है कि आप **"बौद्धिक विकलांगता वाले बच्चों के माता-पिता के बीच आवश्यकताओं और मनोवैज्ञानिक कल्याण का एक अध्ययन"** नामक इस शोध कार्य का हिस्सा बनें, जो संतोष डीम्ड विश्वविद्यालय गाजियाबाद, उत्तर प्रदेश के नैदानिक मनोविज्ञान विभाग में आयोजित किया जा रहा है।इस अध्ययन का उद्देश्य बौद्धिक रूप से विकलांग बच्चों के माता-पिता की जरूरतों की पहचान करनाऔर उनका विश्लेषण करना है। आपकी भागीदारी स्वैच्छिक है; यदि आप किसी समय इस कार्य को छोड़नाचाहें तो किसी भी समय छोड़ सकते हैं। आपकी व्यक्तिगत जानकारी के साथ प्रतिक्रियाएँ गोपनीय रखीजाएंगी। परीक्षण के लिए कोई शुल्क नहीं लिया जाएगा। यदि आपके पास अध्ययन के संबंध में कोई प्रश्न है तो आप पूछ सकते हैं

मैं_____ इस शोध में भाग लेने के लिए सहमत हूँ।

जांचकर्ता:

कुमारी नाजरीन (द्वितीय वर्ष, परास्नातक नैदानिक मनोविज्ञान छात्रा)

डॉ.रानी श्रीवास्तव (प्रोफेसर एवम् विभागाध्यक्ष नैदानिक मनोविज्ञान विभाग,)

डॉ.अलका अग्रवाल (संकायाध्य)

ANNEXURE IV

NIMH FAMILY NEEDS SCHEDULE (Parents) NIMH-FAMNS (Parents)

RESPONDENT CHARACTERISTICS

Name: **Date:**

Relationship with the index child and father: **Mother**

Age: **Education:**

Address for correspondence: **Occupation:**

Scoring: ENTER 2 IF NEED IS

'VERY MUCH"

ENTER 1 IF NEED IS "LITTLE"

ENTER 0 IF NEED IS "NO NEED

AREA/Needs	Scoring
AREA I -INFORMATION - CONDITION	
1, Do you need information about your child's condition or disability?	
2. Do you need information on assessment reports of child?	
3. Do you need information on what your child will be able to do/and will not be able to do?	
4. Do you need help in identifying child's present characteristics/ features which may have negative effects in the future?	
5. Do you need reading materials related to your child's condition?	
6. Do you need information on nutrition /special diet for your child?	
AREA-I TOTAL SCORE	
AREA II-CHILD MANAGEMENT	
7. Do you need information about normal child growth an development.	
8. Do you need information on how to bring up your child.	
9. Do you need help to discipline/handle your child?	
10.Do you need help in managing behaviour problems or difficult behaviours in your child?	
11. Do you needhelp in getting your child to cooperate in his/her daily activities?	
12. Do you need to know about what teachers/ trainersare teaching/training your child?	
13. Do you need to talk with your child's teachers / trainers (How often)	
14. Do you need help in deciding to plan for another child? AREA TOTAL SCORE	

AREA III - FACILITATING INTERACTION	
15. Do you need information on how to explain your child's condition to (Specify)	
(a) Spouse	
(h) Othersibling's	
(c) Significant other members in the family	
(d) Neighbours and friends	
(e) Others	
16. Do you need help to involve others in meeting service needs of your child? (Specify)	
(a) Spouse	
(b) Sibling's	
(c) Grandparents	
(d) Significant other members in the family	
(e) Others	
AREA - III TOTAL SCORE	
AREA IV - SERVICES – 17. Do you need information on the services that are presently available for your child?	
18. Do you need help in deciding which training centre/ school to admit your child?	
19. Do you need information from where to procure	
training materials for your child	
20. Do you need professionals who could visit your home and train your child ? (how often) Daily/ Thrice a week /Weekly/ Monthly.	
21. Do you need information on the effect of admitting your child to special/	
normal regular school ?	
AREA -IV TOTAL SCORE	
AREA V -VOCATIONAL PLANNING	
22. Do you need help in finding the most appropriate vocation for your child?	
AREA -V TOTAL SCORE	
AREA VI- SEXUALITY	
23. Do you need information on sexuality issues related your child?	
AREA- VI TOTAL SCORE	
AREA VII-MARRIAGE	
24. Do you need information to marriage issues related to your child?	
AREA -VII TOTAL SCORE	
AREA VIII - HOSTEL	
25. Do you need help in deciding whether to admit or not to admit your child	
in a hostel?	
26.11 you have decided to place your child in a hostel, do you need information which hostel you should admit your child?	
AREA -VIII TOTAL SCORE	

AREA IX -PERSONAL - EMOTIONAL	
27. Do you need to have more time to self?	
28, Do you need to talk to someone about your personal problems?	
29. Do you need help when you are worried, feel sad or depressed?	
30. Do you need help to manage your physical health problems?	
AREA -IX TOTAL SCORE	
AREA X - PERSONAL - SOCIAL	
31.Do you need to have more friends with whom you can discuss/ share joys and sorrows?	
32. Do you need to meet and discuss with parents having children with similar conditions?	
AREA - X TOTAL SCORE	
AREA XI- SUPPORT - PHYSICAL	
33. Do you need transportation to take your child from home to school/ service centre/training centre and back?	
34. Do you need somebody to drop and bring back your child from school/training centre/ service centre?	
35.Do you need someone/worker to look after your child at home ? Specify how often) Occasionally/Part time/Full time Area TOTAL SCORE	
Area XIFinancial	
36. Do you need financial help to pay for medical care, medicine, therapy,	
or any other services your child needs?	
37. Do you need financial help to purchase training materials for your child?	
38. Do you need financial help for meeting any other needs of your child? (SPECIFY)	
(A)	
(b)	
(C)	
(D) Area XII TOTAL SCORE	
AREA Xlll-FAMILY RELATIONSHIPS	
39. Do you need help in discussing family problems and finding solutions ?	
(Specify)	
(a)With spouse	
(b) Parent child	
(c) Between sibling's	
(d) With other significant family members	
40, Do you need information as to how your child with mental retardation could effect children	
AREA - XIII TOTAL SCORE	
ARFA XIV - FUTURE PLANNING	
41.Do you need help in financial planning for your childtraining and	
vocational aspects?	

42. Do you need information on how to transferyour property/savings accounts/ pensionary benefits to your child after your death?	
44. Do you need information on various government- benefits for persons with mental retardation and their families ?	
45. Do you need information on the legislation for persons with mental retardation? Area XV TOTAL SCORE	

NIMH-FAMNS (Parents) Parent Needs Profile

Parent's Name: _____ Child's Name: _____

(Mother/Father)_____

AREA	Total possible score	Obtain score
1.Information Condition	12	
2. Child Management	16	
3. Facilitating Interaction	20	
4. Services	10	
5. Vocational Planning	2	
6. Sexuality	2	
7. Marriage	2	
8. Hostel	4	
9. Personal - Emotional	8	
10. Personal - Social	4	
11. Support - Physical	6	
12. Financial	12	
13. Family Relationships	10	
14. Future Planning	4	
15. Government Benefits & Legislation	4	
NIMH-FAMNS (Parents) Grand Total Scores	116	

ANNEXURE V

Psychological wellbeing scale (18 items)

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

2. "When I look at the story of my life, I am pleased with how things have turned out so far."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

3. "Some people wander aimlessly through life, but I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

4. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

5. "In many ways I feel disappointed about my achievements in life."

Strongly	Somewhat	A little	Neither	A little	Somewhat	Strongly

agree	agree	agree	agree nor disagree	disagree	disagree	disagree

6. “Maintaining close relationships has been difficult and frustrating for me.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

7. “I live life one day at a time and don't really think about the future.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

8. “In general, I feel I am in charge of the situation in which I live.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

9. “I am good at managing the responsibilities of daily life.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

10. “I sometimes feel as if I've done all there is to do in life.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

11. “For me, life has been a continuous process of learning, changing, and growth.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

12. “I think it is important to have new experiences that challenge how I think about myself and the world.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

13. “People would describe me as a giving person, willing to share my time with others.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

14. “I gave up trying to make big improvements or changes in my life a long time ago”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

15. “I tend to be influenced by people with strong opinions”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

16. “I have not experienced many warm and trusting relationships with others.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

17. “I have confidence in my own opinions, even if they are different from the way most other people think.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

18. “I judge myself by what I think is important, not by the values of what others think is important.”

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

ANNEXURE VI

DASS

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*.There are no right or wrong answers.Do not spend too much time on any statement.

Theratingscaleisasfollows:

0 Didnot applytomeatall
1 Appliedtometosomedegree,orsome ofthetime
2 Appliedtometoaconsiderabledegree, or agoodpart oftime
3 Appliedtomeverymuch, or mostofthetime

1	I foundmyselfgetting upsetbyquitetrivial things	0	1	2	3
2	Iwasawareofdrynessofmy mouth	0	1	2	3
3	Icouldn'tseemtoexperienceanypositivefeelingatall	0	1	2	3
4	Iexperiencedbreathingdifficulty(eg,excessivelyrapidbreathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn'tseem toget going	0	1	2	3
6	I tendedtoover-react tosituations	0	1	2	3
7	I hadafeelingofshakiness(eg, legs going togiveway)	0	1	2	3
8	I found itdifficult to relax	0	1	2	3
9	I foundmyself insituationsthat mademesoanxiousI wasmost relieved when they ended	0	1	2	3
10	I felt thatI hadnothing tolook forward to	0	1	2	3
11	I foundmyselfgettingupsetrather easily	0	1	2	3
12	I felt that I wasusing alot ofnervous energy	0	1	2	3
13	I feltsadand depressed	0	1	2	3
14	Ifoundmyself gettingimpatientwhenI wasdelayedinanyway (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I hada feelingoffaintness	0	1	2	3
16	I feltthatI hadlostinterestinjust abouteverything	0	1	2	3
17	I feltIwasn't worthmuchasa person	0	1	2	3
18	IfeltthatIwasrathertouchy	0	1	2	3
19	Iperspirednoticeably(eg,handssweaty)intheabsenceof high temperatures or physical exertion	0	1	2	3
20	Ifeltscaredwithoutanygood reason	0	1	2	3
21	I felt that lifewasn'tworthwhile	0	1	2	3

Reminderofratingscale:

0 Didnot applytomeatall
1 Appliedtometosomedegree,orsome ofthetime
2 Appliedtometoaconsiderabledegree, oragoodpart oftime
3 Appliedtomeverymuch, or mostofthetime

22	I foundithardtowinddown	0	1	2	3
23	I haddifficultyinswallowing	0	1	2	3
24	I couldn't seemtogetanyenjoyment out ofthethingsIdid	0	1	2	3
25	I wasawareof theactionof myheart intheabsenceof physical exertion(eg, senseofheartrateincrease,heartmissing a beat)	0	1	2	3
26	Ifeltdown-heartedandblue	0	1	2	3
27	I foundthat Iwasvery irritable	0	1	2	3
28	IfeltIwasclosetopanic	0	1	2	3
29	I foundit hardtocalm downafter something upset me	0	1	2	3
30	IfearedthatIwouldbe"thrown"bysometrivialbut unfamiliar task	0	1	2	3
31	Iwasunabletobecomeenthusiasticaboutanything	0	1	2	3
32	Ifoundit difficult totolerateinterruptionstowhat I was doing	0	1	2	3
33	I wasinastateofnervous tension	0	1	2	3
34	IfeltIwaspretty worthless	0	1	2	3
35	I wasintolerantof anything that kept mefromgetting onwith what I was doing	0	1	2	3
36	Ifeltterrified	0	1	2	3
37	I couldseenothinginthefuturetobehopeful about	0	1	2	3
38	I feltthatlifewasmeaningless	0	1	2	3
39	I foundmyselfgetting agitated	0	1	2	3
40	IwasworriedaboutsituationsinwhichImightpanicandmake a fool of myself	0	1	2	3
41	Iexperiencedtrembling(eg,inthehands)	0	1	2	3
42	I foundit difficult toworkuptheinitiativetodothings	0	1	2	3

STATISTICIAN CERTIFICATE

This is to certify that the statistical analysis component of the thesis titled , **A Study of Needs and Psychological Wellbeing among Parents of Children with Intellectual Disability** done by **Nazreen** in the Department of **Clinical Psychology** Santosh Medical College and Hospital, Ghaziabad, has been conducted under my direct guidance and supervision.

All the statistical calculations of this study are authentic and correct to the best of my knowledge.

Wish her all the success in her life.

Assistant Professor cum Statistician
Department of Community Medicine
Santosh Deemed To be University, Ghaziabad
Email:

A STUDY OF NEEDS AND PSYCHOLOGICAL WELLBEING AMONG PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITY

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For Santosh Deemed to be University
Dean Research
20/11/2024

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F. No. SU/R/2024/1344[41] Dated: 17.05.2024

Subject: Grant of Ethical Clearance for **Dissertation Protocol** Topic **"Psychosocial Wellbeing",** submitted by **NAZREEN,** student of M.Sc CLINICAL PSYCHOLOGY, 2022 Batch.

*****

With reference to the request for grant of Ethical Clearance for the Dissertation Protocol entitled **"Psychosocial Wellbeing", NAZREEN** is informed that the **Dissertation Protocol** submitted by him/her was considered by the **Screening Committee** of the **Allied Health Sciences** in its meetings held on 07.02.2024 and 29.02.2024. The recommendations of the **Screening Committee** were considered in detail by the **Institutional Ethics Committee** in its meeting held on **15.05.2024** and the same was **approved** by the **Ethics Committee** of the **Santosh Deemed to be University, Ghaziabad, Delhi NCR.**

He /She is informed accordingly for further necessary action.

17/5/24

[Dr. EZHILRAJAN. K]
REGISTRAR

DEEMED TO BE UNIVERSITY * REGISTRAR * GHAZIABAD, NCR DELHI

NAZREEN
M.Sc CLINICAL PSYCHOLOGY.

Copy to:

1. The Vice Chancellor
2. The Dean – Academics
3. The Dean, SMC&H
4. The Dean – Research
5. The Director - IQAC
6. HOD/ Course In-charge of the concerned Department.

MASTER CHART